

FAMILY HERITAGE CARE CENTER

1311 TYLER ST

BLACK RIVER FALLS 54615

Phone: (715) 284-4396

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 50

Total Licensed Bed Capacity (12/31/04): 50

Number of Residents on 12/31/04: 47

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 43

Corporation

Skilled

Yes

Yes

Yes

43

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		46.8	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		36.2	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.4	More Than 4 Years		17.0	
Day Services	No	Mental Illness (Org./Psy)	34.0	65 - 74	6.4			-----	
Respite Care	No	Mental Illness (Other)	10.6	75 - 84	21.3			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	59.6	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	6.4	95 & Over	6.4	Full-Time Equivalent			
Congregate Meals	No	Cancer	4.3		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	6.4		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	10.6	65 & Over	93.6	-----			
Transportation	No	Cerebrovascular	10.6		-----	RNs		15.1	
Referral Service	No	Diabetes	6.4	Gender	%	LPNs		5.9	
Other Services	No	Respiratory	6.4		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	4.3	Male	27.7	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	72.3	42.7			
Provide Day Programming for			100.0		-----	-----			
Developmentally Disabled	No				100.0	-----			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care							
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	Total Resi- dents	% Of All
Int. Skilled Care		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Skilled Care		4	100.0	28	100.0	135	0	0.0	0	14	100.0	153	0	0.0	0	1	100.0	374	100.0
Intermediate		---	---	---	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care		---	---	---	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care		---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care		---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled		---	---	---	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj		0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent		0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total		4	100.0	28	100.0		0	0.0		14	100.0		0	0.0		1	100.0	47	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	4.2	Bathing	0.0	83.0	17.0	47
Private Home/With Home Health	15.5	Dressing	14.9	38.3	46.8	47
Other Nursing Homes	1.4	Transferring	0.0	72.3	27.7	47
Acute Care Hospitals	71.8	Toilet Use	23.4	76.6	0.0	47
Psych. Hosp.-MR/DD Facilities	0.0	Eating	70.2	23.4	6.4	47
Rehabilitation Hospitals	0.0	*****				
Other Locations	7.0	Continence		%	Special Treatments	%
Total Number of Admissions	71	Indwelling Or External Catheter	8.5		Receiving Respiratory Care	19.1
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	57.4		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	16.2	Occ/Freq. Incontinent of Bowel	44.7		Receiving Suctioning	0.0
Private Home/With Home Health	25.0				Receiving Ostomy Care	2.1
Other Nursing Homes	1.5	Mobility			Receiving Tube Feeding	0.0
Acute Care Hospitals	2.9	Physically Restrained	17.0		Receiving Mechanically Altered Diets	38.3
Psych. Hosp.-MR/DD Facilities	1.5				*****	
Rehabilitation Hospitals	0.0	Skin Care			Other Resident Characteristics	
Other Locations	20.6	With Pressure Sores	6.4		Have Advance Directives	100.0
Deaths	32.4	With Rashes	6.4		Medications	
Total Number of Discharges					Receiving Psychoactive Drugs	87.2
(Including Deaths)	68					

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.0	81.9	1.05	85.5	1.01	85.9	1.00	88.8	0.97
Current Residents from In-County	95.7	72.8	1.31	71.5	1.34	75.1	1.27	77.4	1.24
Admissions from In-County, Still Residing	28.2	18.7	1.51	20.7	1.36	20.5	1.38	19.4	1.45
Admissions/Average Daily Census	165.1	151.4	1.09	125.2	1.32	132.0	1.25	146.5	1.13
Discharges/Average Daily Census	158.1	151.2	1.05	123.1	1.29	131.4	1.20	148.0	1.07
Discharges To Private Residence/Average Daily Census	65.1	74.0	0.88	55.7	1.17	61.0	1.07	66.9	0.97
Residents Receiving Skilled Care	100	95.3	1.05	95.8	1.04	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	93.6	94.3	0.99	93.1	1.01	93.2	1.00	87.9	1.07
Title 19 (Medicaid) Funded Residents	59.6	71.9	0.83	69.1	0.86	70.0	0.85	66.1	0.90
Private Pay Funded Residents	29.8	16.7	1.78	20.2	1.48	18.5	1.61	20.6	1.45
Developmentally Disabled Residents	0.0	0.6	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	44.7	29.5	1.51	38.6	1.16	36.6	1.22	33.6	1.33
General Medical Service Residents	4.3	23.5	0.18	18.9	0.22	19.7	0.22	21.1	0.20
Impaired ADL (Mean)	49.4	46.4	1.06	46.2	1.07	47.6	1.04	49.4	1.00
Psychological Problems	87.2	54.5	1.60	59.0	1.48	57.1	1.53	57.7	1.51
Nursing Care Required (Mean)	9.0	7.4	1.23	7.0	1.30	7.3	1.24	7.4	1.22